

CONFIDENTIAL APPLICATION

Court Docent Program

Kern County Superior Court

for locations in Bakersfield, California

NAME										First										Middle										Last										(Nee)										(AKA)									
ADDRESS										Number										Street										City										Zip										Telephone Number									
Sex					Age					Birthdate					Birth Place										Height					Weight					Hair					Eyes																			
EDUCATION					Select highest grade completed										Special Courses																																												
					High School 9 10 11 12 College 1 2 3 4																																																						
Special Skills															Speak Spanish?										Yes					No																													
															Fluently?										Yes					No																													
AUTOMOBILE AND INSURANCE					Driver's License No.										Expiration Date										Social Security Number																																		
					Has your license been revoked or suspended?										Do you have auto insurance involving public liability, property damage & collision?																																												
					Yes										No										Yes										No																								
Policy No.					Insurance Agent										Address										City																																		
Do you have any medical problems that we should be aware of? Please explain:																																																											
Have you ever been convicted of any offense other than a minor traffic violation?																																																											
															Yes										No																																		
If yes, attach a full written explanation including: 1) Date, 2) Charge, 3) Place, 4) Action taken, 5) Present status for each conviction.																																																											
In case of emergency - who to contact?																																																											
Please list two character references (preferably no relatives).																																																											
NAME										MAILING ADDRESS										PHONE NO.																																							
1																																																											
2																																																											
The above personal information is true and correct. All information will be kept confidential and used to determine eligibility for project participation.																																																											
Signature _____ Date _____																																																											